


FINGAL-1 Rev. 4-06 Page 1 of 2	 <b>ORDER FOR ATTORNEY'S FEES</b> (For DNA; TPR; Involuntary Commitment of a Mentally Retarded Adult)	KRS 620.100; 625.041; 625.080; 202B.210; CR 17.03 (5); 17.04
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### GAL/CAC Information

**Attorney/Law Firm Name:** \_\_\_\_\_

**Street Address/PO Box:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Federal Tax Code/ Social Security No:** \_\_\_\_\_

**Tax Status:**   
☐ Corporation   
☐ Government/Non-Profit Agency   
☐ Sole Proprietorship  
☐ Individual   
☐ Public Service Corp   
☐ Partnership/Joint Venture

### Case Information

**Case No(s):**  
 (If more than 8  
 case #'s please  
 list remaining #'s  
 on a separate  
 sheet.)

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- - -	- - -	- - -	- - -

**In the Interest of:**

**Court:**   
 District ☐   
 Circuit ☐   
 Family ☐   
**County:** \_\_\_\_\_

On \_\_\_\_\_, 200\_\_ the above-named Attorney/Law Firm was appointed to represent the following

person(s): \_\_\_\_\_

*(Please give name of person represented; you may write "Listed Above" if you represented the children listed in the "In the Interest of" box).*

- ☐ The above named child/mentally retarded adult  
☐ The parent(s) or other person exercising custodial control or supervision of the above-named child/mentally retarded adult

This case was disposed on \_\_\_\_\_, 200\_\_

This case is pursuant to the Kentucky Revised Statute (KRS) or Court Rule (CR) marked below:

**(Check only one box please)**

<input type="checkbox"/>	<b>KRS 620.100</b>	DNA cases in which a GAL or CAC is appointed for the child, for the parent(s) if parent is found to be indigent, or fees for the non-parent who exercises custodial control or supervision of the child if non-parent is found to be indigent. <b>[\$500 maximum fee if final disposition is in circuit/family court; \$250 maximum fee if final disposition is in district court.]</b>
<input type="checkbox"/>	<b>KRS 625.041</b>	Voluntary TPR cases in which the GAL fee of up to \$500 is to be paid by FAC if and only if the Cabinet for Health and Family Services (CHFS) is made custodian of the child
<input type="checkbox"/>	<b>KRS 625.080</b>	Involuntary TPR cases in which a GAL fee of up to \$500 is to be paid by FAC if and only if CHFS is the proposed custodian of the child; CAC fee of up to \$500 is to be paid by FAC for parent if parent is found to be indigent
<input type="checkbox"/>	<b>KRS 202B.210</b>	Involuntary commitment of a mentally retarded adult in which the CAC is <b>compensated in accordance with KRS 620.100</b>
<input type="checkbox"/>	<b>CR 17.04</b>	Cases in which a GAL is appointed for a prisoner who fails or is unable to defend an action. The GAL is <b>compensated in accordance with KRS 620.100</b>



**ORDER FOR ATTORNEY'S FEES**  
**(For DNA; TPR; Involuntary Commitment of a Mentally Retarded Adult)**

KRS 620.100; 625.041;  
625.080; 202B.210;  
CR 17.03 (5); 17.04

**Affidavit of Counsel**

1. In Case No(s) , \_\_\_\_\_ I was appointed by the \_\_\_\_\_

- ☐ District Court ☐ Circuit Court ☐ Family Court on \_\_\_\_\_, 200\_\_\_\_ as:  
☐ **Guardian Ad Litem** (attorney appointed to represent the named child/mentally retarded adult or prisoner )  
☐ **Court Appointed Counsel** (attorney appointed to represent the parent(s) or other person exercising custodial control or supervision of the named child/mentally retarded adult)

2. In performing the duties marked below, I spent \_\_\_\_\_ hours and \_\_\_\_\_ minutes

- ☐ Reviewed File  
☐ Had a conference(s) with my client and/or CHFS via telephone or in person  
☐ Prepared for the Adjudication Hearing  
☐ Attended Adjudication Hearing  
☐ Reviewed Court Orders  
☐ Reviewed Reports of CHFS Case Worker  
☐ Prepared for the Disposition Hearing  
☐ Attended Disposition Hearing  
☐ Attended Permanency Review Hearing  
☐ Other (please explain on the lines below or attach a separate sheet if needed)

3. I have not been paid by the person(s) I represented or by anyone on his/her/their behalf; nor have I been promised any payment for this service in the future.

4. I have received \$ \_\_\_\_\_ in fees from the Commonwealth of Kentucky for this case(s).

5. I have received \$ \_\_\_\_\_ in fees from the Commonwealth of Kentucky for other petitions filed involving the named child (children).

6. Further the Affiant sayeth naught.

**It is hereby ordered that said Attorney/Law Firm be awarded a fee of \$ \_\_\_\_\_**

**Date:** \_\_\_\_\_, 2\_\_\_\_ **Affiant's Signature:** \_\_\_\_\_

**Please be aware that cases with different trailer numbers which share a disposition date are deemed one proceeding and that fees paid for that proceeding shall not exceed the maximum set by the Kentucky Revised Statutes.**

Sworn to me on \_\_\_\_\_, 200\_\_\_\_

My Commission Expires: \_\_\_\_\_, 200\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Date:** \_\_\_\_\_, 200\_\_\_\_

**Judge's Signature**

**Print/Type Judge's Name**

Distribution: Court File  
Finance Cabinet, Room 467, Capitol Annex, Frankfort, KY 40601 (attested copy)  
Other Person or Agency, if any, ordered to pay attorney's fees